

# Nursing care in the light of the transcultural theory

**RESUMO** | Objetivo: Analisar as evidências científicas de como a Teoria da Universalidade e Diversidade do Cuidado Cultural está sendo utilizada na prática da assistência em enfermagem. Métodos: Revisão Integrativa da literatura, na qual a busca de artigos foi realizada na Biblioteca Virtual em Saúde com os descritores “Culturally Competent Care; Nursing Care; Nursing Theory e Transcultural Nursing, com o operador booleano “AND”, no período de maio e junho de 2021. Inicialmente foram encontrados 750 estudos e após o aperfeiçoamento, 9 foram incluídos. Foi utilizado para auxiliar no desenvolvimento desta revisão o Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). Resultados: a teoria favorece a prestação de cuidados de enfermagem considerando o fator cultural, capacitando o indivíduo a efetuar atividades segundo padrões definidos por uma variação de crenças, valores e condições socioeconômicas em uma sociedade. Conclusão: Sua aplicabilidade resulta numa assistência mais humana diante das diferentes demandas da sociedade contemporânea.

**Descritores:** Enfermagem; Assistência à Saúde Culturalmente Competente; Cuidado de Enfermagem; Teoria de Enfermagem; Enfermagem Transcultural.

**ABSTRACT** | Objective: Analyze the scientific evidence of how the Theory of Universality and Diversity in Cultural Care is being used in the practice of nursing care. Methods: Integrative literature review, in which the search for articles was performed in the Virtual Health Library with the descriptors “Culturally Competent Care; Nursing Care; Nursing Theory and Transcultural Nursing, with the Boolean operator “AND”, from May to June 2021. Initially, 750 studies were found and after improvement, 9 were included. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) were used to assist in the development of this review. Results: the theory favors the provision of nursing care considering the cultural factor, enabling the individual to perform activities according to patterns defined by a variation of beliefs, values and socioeconomic conditions in a society. Conclusion: Its applicability results in a more humane assistance in face of the different demands of contemporary society.

**Keywords:** Nursing; Culturally Competent Care; Nursing Care; Nursing Theory; Transcultural Nursing.

**RESUMEN** | Objetivo: Analizar la evidencia científica de cómo se está utilizando la Teoría de la Universalidad y la Diversidad en el Cuidado Cultural en la práctica del cuidado de enfermería. Métodos: Revisión integrativa de la literatura, en la que se realizó la búsqueda de artículos en la Biblioteca Virtual en Salud con los descriptores “Atención Culturalmente Competente; Cuidado de enfermera; Teoría de Enfermería y Enfermería Transcultural, con el operador booleano “AND”, de mayo a junio de 2021. Inicialmente se encontraron 750 estudios y luego de la mejoría se incluyeron 9. Se utilizó para ayudar en el desarrollo de esta revisión lo Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). Resultados: la teoría favorece la prestación del cuidado de enfermería considerando el factor cultural, capacitando al individuo para realizar actividades según patrones definidos por una variación de creencias, valores y condiciones socioeconómicas en una Sociedad. Conclusión: su aplicabilidad da como resultado una asistencia más humana frente a las diferentes demandas de la sociedad contemporánea.

**Palabras claves:** Enfermería; Asistencia Sanitaria Culturalmente Competente; Cuidado de enfermería; Teoría de enfermería; Enfermería Transcultural.

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## INTRODUCTION

In order to understand the nursing practice, which is currently based on humanistic technical-scientific knowledge, a retrospective analysis of its entire historical process is extremely important so that, through a dialogue between past and present, it is possible to point out future perspectives of culturally competent health care with advancement strategies

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based on a history of awareness.<sup>(1)</sup>

In this way, we have, at first, the story of Florence Nightingale who, with the first question directed at “WHAT TO DO”, was the basis for verifying nursing; followed by the question “HOW TO DO IT”, which highlighted the technical domain and, respectively, the “WHY DO IT?” seeking to ground practice in science. These analyzes provoked a significant development in care through the evidence of multidisciplinary relationships capable of providing a more comprehensive view of professionals for the individuals to be cared for.<sup>(1)</sup>

As a result, planned care practices based on science have become essential for the development of safe and quality care. From then on, space was created for nursing professionals to formulate their theories through observation and investigation of the knowledge already produced, aiming at proposing interventions, guides/references for this work, bringing the theoretical and the practical closer together.<sup>(2)</sup>

In Brazil, among the many nursing theories that stood out is that of the precursor of nursing Florence Nightingale, known as the environmentalist theory. This deals with the relationship of the human being with the environment and the external influences in his life. On the other hand, the theory created by Wanda de Aguiar Horta, the “Theory of Basic Human Needs” (based on Abraham Maslow’s theory of human motivation), focuses on bringing the nurse closer to the individual under their care, evidencing not only their physiological needs but also those of safety, love and personal fulfillment, which guided the Systematization Process of Nursing Care.<sup>(3)</sup>

This is a methodological process for the practice of care consisting of interrelated actions as follows: investigation, nursing diagnosis, planning of nursing care, implementation and evaluation. These are considered a

mandatory resource in the execution of care, through Resolution 358/2009 of the Federal Nursing Council, which in addition to regulating the Nursing Process (NP) shows that it must, necessarily, be based on a theory.<sup>(3)</sup>

In addition to these, another theory that gained great prominence, especially in the United States, was the Theory of Universality and Diversity of Cultural Care (TUDCC), also known as the Transcultural Theory. Created by Madeleine Leininger (American nurse) and based on anthropological bases, it was presented to Brazil in 1985 at the 1st International Seminar on Nursing Theories and considers behavior, habits and way of life as an integral part of the culture of individuals.<sup>(4,5)</sup>

Represented by the Rising Sun Model, it is composed of four levels, with a degree of abstraction varying from the most abstract to the least abstract: level I is represented by the vision of the world and social systems; level II information about individuals, meanings and expressions related to health care; level III for information on traditional and professional systems, which allow the identification of the diversity and universality of cultural care and Level IV determines nursing care decisions, including the preservation and accommodation of cultural care, when culturally coherent care occurs.<sup>(4,5)</sup>

In this context, for this study it proposes to describe how a nursing theory, specifically the TUDCC, can allow looking, in a positive way the challenges in contemporaneity, where the new social dynamics no longer allow looking at health care from the old perspective of the model focused only on the signs and symptoms of diseases, but as a set of factors. It is understood that the need to consider the diversities between subjects, such as religion, politics, world view, cultural values, gender identity, sexual orientation, both objective and subjective, it becomes essential to provide and facilitate com-

prehensive and meaningful assistance, free from prejudice and discrimination, capable of guaranteeing and preserving human rights and social inclusion.

The objective of this study is to analyze the scientific evidence of how the Theory of Universality and Diversity of Cultural Care is being used in the practice of nursing care.

## METHODS

This is an integrative literature review in order to highlight the scientific knowledge produced on nursing care in the light of Madeleine Leininger’s Transcultural Theory. The integrative literature review method enables the search, analysis, evaluation and synthesis of available evidence, and contributes to the advancement of knowledge on the topic addressed. The articles of different formats, methodologies and approaches, when analyzed, provide a broad view of the research.<sup>(6)</sup> This study adopted six steps: elaboration of the guiding question; literature search; data extraction; critical evaluation and synthesis of the studies found and, finally, presentation of the final work.<sup>(6)</sup>

For this review, the following guiding question was elaborated: How is the Transcultural Theory being used in the practice of nursing care?

For data collection, the following databases were consulted: LILACS (Latin American and Caribbean Literature on Health Sciences), MEDLINE (Medical Literature Analysis and Retrieval System Online), and BDENF (Nursing Database), through the mediation of online research from the Virtual Health Library (VHL) portal. The search was performed between May and June 2021.

The studies met the following inclusion criteria: Original articles published between 2014 and June 2021 in English and Portuguese, and available in full. Documents such as theses,

dissertations and news were excluded. The descriptors used were searched in the Medical Subject Headings (MeSH): Culturally Competent Care; Nursing Care; Nursing Theory and Transcultural Nursing. Descriptors in Portuguese were not used because they were not found in the Health Sciences Descriptors (DeCS). The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flowchart was used, which helps in the development of systematized reviews.<sup>(7)</sup>

The studies were also categorized according to the levels of evidence based on the Agency for Healthcare Research and Quality (AHRQ) of the United States of America, whose production can be classified into one of the following six levels: Level 1, meta-analysis of multiple controlled studies ; Level 2, individual studies with experimental design; Level 3, studies with a quasi-experimental design such as a study without randomization with a single group pre- and post-test, time series or case-control; Level 4, studies with a non-experimental design such as descriptive correlational and qualitative research or case studies; Level 5, case reports or systematically obtained data of verifiable quality or program evaluation data; Level 6, opinion of reputable authorities based on clinical competence or opinion of expert committees.<sup>(8)</sup>

The data obtained are presented in a figure and chart for a better understanding of the findings.

## RESULTS

Initially, 750 studies were found by crossing the descriptors using the Boolean operator "AND". After reading the titles and abstracts, 29 articles were selected that met the objective and answered the proposed research question. Then, the studies were read in full and from these, a total of 9 articles were reached, these being from MEDLI-

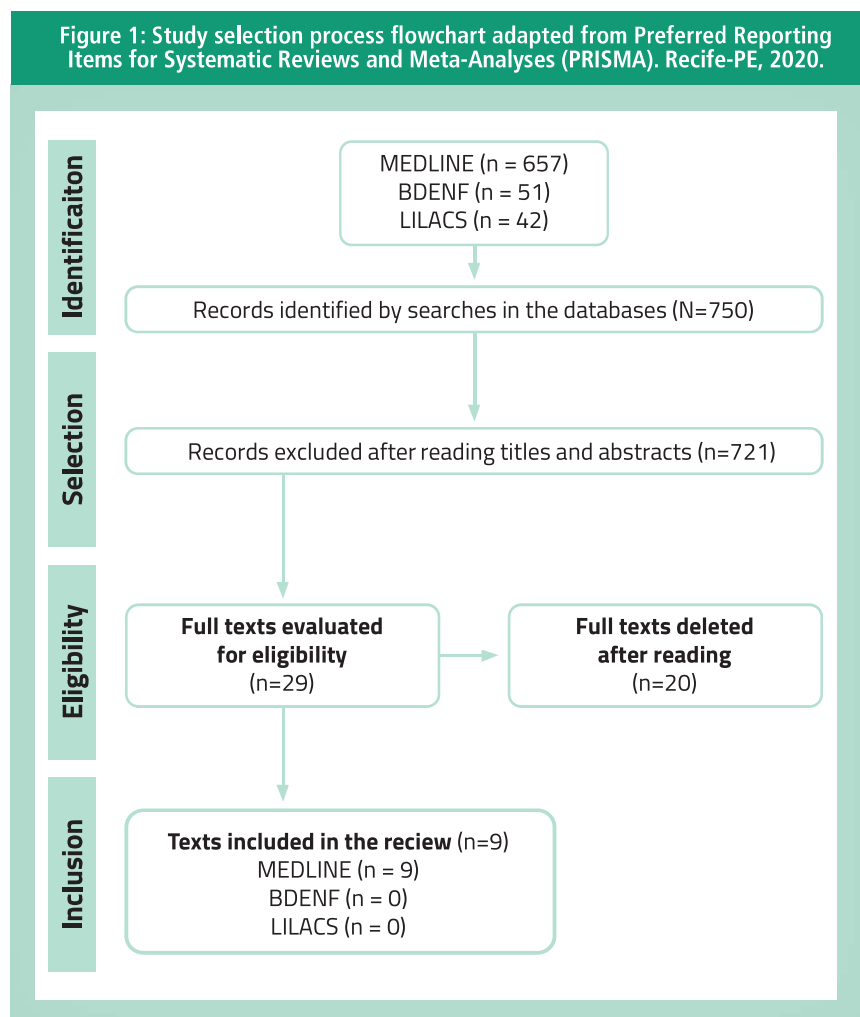
NE, as shown in Figure 1.

To categorize the selected studies, an instrument was produced by the authors, which was filled out by two reviewers independently, to remove the fundamental aspects addressed. In the interpretation of the results, a comparative reading between the articles was followed, analyzing their similarities and proceeding to the grouping.

Regarding the study method, qualitative research was predominant, accounting for 05 articles (56%), followed by 02 methodological studies (22%), also counting with 01 quasi-experimental (11%) and 01 quantitative

study (11%). It is also noteworthy that most studies (89%) have evidence level 4, and only the quasi-experimental study has evidence level 3 (11%). Table 1 below details the productions included in this study.

From the reading of the main findings of the selected articles, four categories were elaborated: 1. Challenges of transcultural nursing care; 2. Challenges of cross-cultural nursing care according to the diversity of languages; 3. Challenges of transcultural nursing care according to the diversity of beliefs; and 4. Challenges of transcultural nursing care according to oppressive



Source: Elaborated by the authors (2021)

**Quadro 1: Descrição dos artigos que abordam a prática da assistência em enfermagem, segundo título, tipo de estudo, ano e país e assistência em enfermagem na TUDCC**

Title	Type of study / Level of evidence	Year / Country	Nursing assistance /TUDCC
Cross-Cultural Communication in Oncology: Challenges and Training Interests.	Quantitative/ 4	2016 / USA	It facilitates the interaction between professionals and patients and professionals-professionals in oncology. Where complex contents, serious diagnoses and crucial decisions are announced. From the identification and appreciation of cultural issues in communication.
Identifying the essential components of cultural competence in a Chinese nursing context: A qualitative study.	Qualitative/ 4	2017 / China	It shows that culture in China is understood in a broad way, beyond questions of ethnicity and race. Evidencing the importance of also understanding the individuality of patients in the cultural context, for a better understanding of cultural competence in Chinese nursing, aiming to facilitate the provision of care to diverse populations.
Embracing diversity and transcultural society through community health practice among college nursing students.	Quasi-experimental/ 3	2018 / Taiwan	Caring for patients with consideration for their languages and traditions while respecting their own cultural beliefs and behaviors. Increased patient satisfaction with the quality of care received by 92%, yielding benefits.
Multicultural Nursing: Providing better employee care.	Qualitative/ 4	2015 / USA	It highlights the need for an awareness of cultural differences that results in better care, considering differences that come from a combination of factors, including geographic origin; migratory status; race; language and dialect; religious faith; traditions, values and symbols; literature, folklore and music; food preferences; settlement and employment patterns; politics and homeland; institutions that serve and maintain the group; and internal and external perceptions of diversity.
Human dignity in religion-embedded cross-cultural nursing	Qualitative/ 4	2014 / USA	It carries out the preservation of the patient's dignity, from different religious perspectives, to provide congruent care, guiding professionals to this care in a diverse environment.
Construction and validation of a learning object for nurses	Methodological study/ 4	2020 / Portugal	A digital learning object was built and elaborated with the intention of supporting the learning of cross-cultural competences, necessary in nursing care
Caring in the Margins: A Scholarship of Accompaniment for Advanced Transcultural Nursing Practice.	Qualitative/ 4	2018 / Canada	It decodes structures of oppression that exclude individuals from discovering ways of health. Considering and analyzing that several factors, including unconscious ones, contribute to inequalities and assaults on human dignity, in order to provide inclusive health care that transcends oppressive structures. Bringing TUDCC as an ability to create human connections across ideologies, geographic space and time, as well as addressing issues of equity and social justice.
Cultural Humility: An Active Concept to Drive Correctional Nursing Practice.	Qualitative/ 4	2018 / Canada	Through the question "What guides the practice of correctional nursing to help us in a unique way in care?", focusing on a unique population of patients: prisoners who have their own ethnicities, and the culture imposed on the prison structure, considers that without the inclusion of culture there is no care.
Cross-cultural adaptation of family-centered care measurement instruments	Methodological study/ 4	2017 / South Africa	It examines the reasoning used to justify female genital mutilation, justifying that the factors used to carry out this act are diverse and convert tradition into a form of cultural care. And from this point of view, nurses could assess the alleged justifications through the TUDCC's Rising Sun Model, in order to redirect this practice through nursing interventions.

Fonte: Elaboração pelos autores (2021)

social structures.

**DISCUSSION**

**Category 1: Challenges of cross-cultural nursing care**

Among the main nursing theories that emphasize the nature and pheno-

menon of care, TUDCC can be considered the most comprehensive and welcoming, as it is a transcultural theory that meets and understands health

demands in multicultural populations and communities. <sup>(9-11)</sup>

Able to signify the diversities, the culture and also the elements in common of the individuals in their socio-cultural contexts as determinant characteristics of their state of health or illness, as well as providing directions for an attentive visualization and respect for the behavior of the subjects, TUDCC considers that imposing and general health practices disfavor the autonomy, decision-making of the individual and hinder the processes of promotion, prevention and health care, in addition to the lack of respect for the outside world being characterized as symbolic violence. <sup>(9-11)</sup>

Thus, the opposite of imposing practice is used: satisfactory care. Cultural care, in which the client is a participatory being in the planning of care actions, owner of their own health-disease concepts that, through dialogue with professionals, manages to negotiate and interact in an educational sense, to maintain preservation, accommodation and/or carry out the restandardization of practices that understand their individual choices and decisions, so as not to have their care negatively affected, always with a view to promoting decisions and actions for congruent care, where these subjects are actively involved in this process. <sup>(9-11)</sup> And, given that, the theory has been used in several aspects. The main ones, cited in several articles, talk about the consideration for languages, traditions and structures of oppression.

### Category 2: Challenges of cross-cultural nursing care according to language diversity

The main one, cited in several articles, talks about the consideration for languages and traditions. In the approach on languages, the main contact between nursing professionals and clients, for generating communication, not only verbal language is evidenced,

but also non-verbal language, which can have different meanings and values in different cultures, for example, direct eye contact, which, while for Americans represents attention and welcome, for Arabs is impolite and aggressive, and for American Indians, staring at the floor during a conversation, indicates attentive listening. Touch, which in American nursing universities is taught as a means of therapeutic communication, in other cultures is totally excluded from health practices. <sup>(11,12)</sup>

For Arabs or Hispanics, men are totally prohibited from touching female bodies and women may have restrictions on care for male clients. And Asians forbid touching the head as it is the source of strength for them. Another language that also differentiates between cultures is silence, which in the United States and Brazil can be seen as misunderstanding or unwillingness to respond, however, for American Indians, Chinese and Japanese, silence during a conversation indicates respect. For Arabs and Englishmen it represents respect for the other person's privacy, and for Frenchmen, Spaniards and Russians silence shows agreement. <sup>(11,12)</sup>

A study carried out in Taiwan <sup>(10)</sup>, where the majority of spouses are foreigners (68% from Mainland China and 29% from Southeast Asia), therefore, where there is a challenge to serve clients with multiple cultural variations,

was developed to provide short-term cross-cultural nursing competence through community practice. The results showed a significant improvement of 92% in customer satisfaction with care, with adherence to the bond between professional and client and also better adherence to prescribed treatments, which defended a cross-cultural approach in the curriculum in nursing schools in Taiwan. <sup>(11)</sup>

### Category 3: Challenges of transcultural nursing care according to the diversity

#### of beliefs

As for beliefs, studies show that individuals usually deal with this issue through their interaction with the environment and not infrequently they also relate the cause, treatment and cure to their religion and/or faith, which means, in other words, that personalities are grounded in spirituality, which is influenced by social and cultural contexts. Therefore, recognizing this spirituality and considering it, in the most diverse ways in which it can present itself, is to find ways to provide well-being and care in this sense as well.

For example, Americans and Asians believe they have control over life events and, therefore, believe they also have control over their health care. Hispanics, on the other hand, believe they have no control over their lives, so they are more fatalistic about care and health in a way that they do not cooperate in prescribed care. <sup>(11-13)</sup>

Therefore, the permission and search for knowledge of specific needs related to personal, environmental, cultural beliefs and languages, to promote the cultural competence sought and emphasized by Leininger, must and must exist on an ongoing basis. It is with this view that innovative learning objects are developed, aiming to ensure congruent and sensitive care, given that this increases customer satisfaction with the quality of care and, above all, yields benefits, facilitating and encouraging patients to follow health instructions effectively and effectively. <sup>(9-14)</sup>

### Category 4: Challenges of cross-cultural nursing care according to oppressive social structures

Another aspect mentioned in the studies refers to the structures of oppression present in contemporary society, where there is a plurality of ideologies and social contexts. That due to the difficulty, caused by factors such as the political system in force and failures from basic education to profes-

sional training, still existing in some nursing professionals in dealing with historically marginalized and excluded groups, ends up generating, in addition to inequality, an assault on the population's right to comprehensive and quality health. <sup>(15,16)</sup>

And this occurs when, even for subjective aspects, unconsciously, professionals, for example, do not guarantee the autonomy of clients. In this case, studies bring as an example the population of incarcerated prisoners, who, in addition to their own cultural diversities, still face the overlapping culture of the prison, held under custody jurisdiction, which inevitably generates an imbalance that challenges care, especially health care. <sup>(15,16)</sup>

As a result of this study of populations, which make up this structure of the oppressed, there are also Lesbians, Gays, Bisexuals, and Transsexuals, Queers and others (LGBTQ+), group that does not correspond to the gender norms that are pre-established in the culture of the cis-heteronormative society of the current context, which assumes that individuals are defined at birth, disregarding their personal experiences and the right to self-referencing, which triggers prejudices, visions and even stimulates the lack of search for knowledge for the specificities of this public, consequently generating repressed demands. <sup>(15,17)</sup>

Despite this, in Brazil, there is a National Policy on Comprehensive Health for Lesbians, Gays, Bisexuals, Transvestites and Transsexuals, which was established in 2011, aimed, among other things, at ensuring equity, expanding access to health care with qualified care (free from discrimination), the use of the social name for transsexuals, the qualification of the network for respect, among other positive guidelines. However, in practice, there are still significant gaps, such as the lack of qualified nursing professionals who are sensitive to the needs of transgender

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[...] planned care practices based on science have become essential for the development of safe and quality care

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people, or with basic difficulties such as recognizing the difference between gender and sexuality. <sup>(15,18)</sup>

In addition, there are the broader negative psychosocial issues facing every LGBTQ+ group, such as discrimination, prejudice, and the stress that comes from not having one of the basic human needs respected, which is the right to be who you are. As a result of more damage to health, caused by ignorance and predominance of the biomedical model, which as described by Foucault 18, he is more interested in the sick body than in the different possibilities in which being human means. <sup>(15,18)</sup>

And in this case, the TUDCC contributes as a guide instrument from the professional training of nurses and nurses, aiming at the observation of diversities with cultural humility and taking advantage of similarities to provide better care from the will to learn, it can work as a potentially positive source for resolving the low demand, failure and even non-permanence of this group in health services. <sup>(15,18)</sup>

Another challenge is nursing care for traditional groups and communities, which concerns indigenous people, quilombolas, riverine people and fishermen, who have their own forms of culture and social organization, that is, they also have their own care practices that, for the most part, diverge from traditional medicine practices, avoiding the scientific, focusing only on traditions such as prayers, rituals and local methods, and the lack of knowledge of the nursing professional about the practices of such communities, ends up generating difficulties in the attendance or even the absence of it, due to the refusal of this group. In this context, nursing care emerges as essential to be studied, reflected and discussed when provided to this population, given that, as already mentioned, nurses must know and recognize the traditional practices in the health care of these

individuals. <sup>(20-22)</sup>

Another study <sup>(16)</sup> addresses the issue of female genital mutilation, a widespread practice in sub-Saharan Africa, which offends the dignity and health of young women and, it occurs due to the roots of gender inequalities, in order to control women's sexuality and as a synonym for purity and social status. In this context, TUDCC can contribute by redirecting this practice through nursing interventions, such as: research on propagation factors, awareness through risks, education, and highlighting the existing contradictions in the justification of mutilation. <sup>(17)</sup>

## CONCLUSION

It is considered in this review that respect and understanding underlie the different cultures and ways of acting of human beings, and can be applied in all areas of nursing practice, from care, management to research and teaching. Thus, TDUCC favors the provision of nursing care considering culturally competent health care, enabling the individual to perform activities according to patterns defined by a variation of beliefs, values and socioeconomic conditions in a society.

This is intended to reduce health disparities, through a cultural compe-

tence approach, promoting discussions on population groups with differences in health care needs, which result in inequities, seeking to do something different, to consolidate practices that guarantee access to health and reduce the high rate of violence against this population.

The implications for the practice of nursing care include recognizing in this diversity of knowledge and traditions, in a very current way, highly relevant contributions to collective health, emphasizing that its applicability will result in a more humane assistance in the face of the different demands of contemporary society.

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